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UTILITY PATENT APPLICATION TRANSMITTAL

 DUPLICATE

Address to:
 Commissioner of Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Attorney Docket No.	INGI3002/JEK/JJC
First Named Inventor (or identifier)	INGIMUNDARSON ET AL.
Total Pages	46

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	ANKLE-FOOT ORTHOSIS
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1. Submitted herewith are the following:

32 pages of specification.

Abstract.

6 sheet(s) of drawings.

36 claim(s).

0 Oath/Declaration signed by each inventor.

Application Data Sheet.

0 Preliminary Amendment.

Information Disclosure Statement(s).

1 pages of Form PTO-1449, and one copy of each document listed thereon.

0 Assignment of the invention, Cover Sheet, and payment of the \$ _____ recordal fee.

0 certified copy of application no. _____ filed in _____. Priority is claimed.

check in the amount of \$1,144.00 _____ including any assignment recordal fee.

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --
5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --
6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00		
Total Claims:	36	- 20 =	16	X \$18 =	\$288.00		
Independent Claims:	4	- 3 =	1	X \$86 =	\$86.00		
Correspondence Address: 23364 Customer Number			Multiple Dependent Claim (add \$290.00):				
			Subtotal:			\$1,144.00	
			50% Reduction if Small Entity Status:			.00	
Phone: 703-683-0500 Fax: 703-683-1080			Total:		\$1,144.00		
Date:	Name:		Signature:		Reg. No.		
November 7, 2003	JUSTIN J. CASSELL				46,205		